Worksheet for Question

We sent you this worksheet with your Student Aid Report (SAR) because you left question 31 blank, or because you told us you have a drug-related conviction.

Use this worksheet to determine your answer to question 31. Then, if necessary, correct your answer by using your SAR, by calling 1-800-4-FED-AID (1-800-433-3243), or by going to our website at www.fafsa.ed.gov and submitting a correction. Do not submit this worksheet to us. Keep it for your records. Notify your school of your eligibility.

Do not leave question 31 blank. Your answer to question 31 may affect your eligibility for federal student financial aid.

- "1" means your eligibility for federal student aid is not affected by question 31.
- "2" means your drug conviction(s) affect eligibility for federal student aid for part of the school year. You should tell the financial aid office at your school your "eligibility date" from question 9 on this worksheet. You can become eligible earlier in the school year if you complete an acceptable drug rehab program. Even if you are ineligible for federal student aid, you may still be eligible for state and school aid.
- "3" means you are not eligible for federal student aid for this school year unless you complete an acceptable drug rehab program. Even if you are ineligible for federal student aid, you may still be eligible for state and school aid.

If you are convicted of possessing or selling drugs after you submit your FAFSA, you must notify the financial aid office at your school immediately. You will lose your eligibility and must pay back all aid you received after your conviction.

If you need help with this worksheet, or have questions, call us at 1-800-4-FED-AID (1-800-433-3243).



1	On this worksheet count only federal or state convictions. Do not count any convictions that have been
	removed from your record, or occurred before you turned 18, unless you were tried as an adult.

Have you ever	r been convic	ted of selling or
possessing d	lrugs (not incl	luding alcohol or
tobacco)?		

	If No, change your answer to question
No	31 to "1," and sign and send us your
	CAD

Yes If Yes, go to question 2 on the

back of this page.

2 Have you completed an acceptable drug rel	nab progra	am since	your last co	onvictio	n?			
An acceptable drug rehabilitation program must include	de at least	2 unannoi	anced drug to	ests. and	:			
 be qualified to receive funds from a federal, state, or local government or from a federally- or state-licensed insurance company; or 								
* *	 be administered or recognized by a federal, state, or local government agency or court, or a federally- or state- 							
licensed hospital, health clinic, or medical			If Yes, cha	ınge youi	r answer to	o question 31 to		
	Yes		"1," and	sign and	send us yo	our SAR.		
	No		If No, go	to questic	on 3.			
		7						
3 Do you have more than two convictions			If Yes. cha	ınge vour	answer to	question 31 to		
for possessing drugs?	Yes				send us yo			
	No		If No, go	to auestia	on 4			
	140	_	1) 110, 80 1	io quesiic	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4 Do you have more than one conviction for								
4 Do you have more than one conviction for selling drugs?	Yes					question 31 to		
seinig drugs?				_	send us yo	our SAK.		
	No		If No, go	to questic	on 5.			
		Ţ						
5 Write the date of your last conviction for p o	ossessing	drugs he	ere:	5	,	1		
J	_	_			1	/		
If you have no convictions for possessing di	rugs, sкір	o to ques	stion 7.					
6 If you have only one conviction	n for noss	accina de	maa add					
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	_	_	6				
one year to the date in question 5				J	/	/		
If you have two convictions for	-	-						
years to the date in question 5, ar	nd write th	hat date l	here:					
7 Write the date of your last conviction for sel	lling drug	gs here:		7	1	1		
If you have no convictions for selling drugs	skip to	auestion	9.			/		
If you have no convenience for senting analysis	, stup to	question						
8 If you have only one conviction	n for sellin	na druae	add two					
years to the date in question 7, an				8	,	ı		
years to the date in question 7, and	ia wiic u	nat date i	iicic.		1	/		
9 Look at the dates you wrote in questions 6	and O If t	hara is a	nly one	9				
date, copy that date here. If there are two date			•	٦	/	/		
	s, write tr	ne rater c	me nere.		FLIGIBII	LITY DATE		
This is your "eligibility date."					LLIGIBIL			
	C 1 1	1 2004	1			. 21		
If your eligibility date in question 9 is be "1," and sign and send us your SAR.	Jore July	1, 2004	, cnange yo	our ansi	wer to qi	iestion 31 to		
, ,	, -	20.22	205 1					
If your eligibility date is July 1, 2004 through June 30, 2005, change your answer to question 31 to								
"2," and sign and send us your SAR. Save this worksheet for your records. Contact the financial aid								
office at your school, and tell them your eligibility date.								
If your eligibility date is after June 30, 2005, change your answer to question 31 to "3," and sign								
and send us your SAR.								